

ENROLLMENT FORM FOR SPECIAL DEATH BENEFIT COVERAGE

Indiana Public Retirement System
Attn: Finance Department
One North Capitol, Suite 001
Indianapolis, IN 46204

Telephone: (888) 876-2707 (Toll-Free) Fax: (317) 234-6692

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INVOICE #[]
DATE: []
FOR INTERNAL USE ONLY

System using the address listed above want to cover. Your payment is due payment is received. Coverage is retained. This benefit applies to: Emergency medical service	ove. Our finance depart within 30 days of billing equired for your entire s e providers employed b	lease complete this form and return to the Indiana ment will prepare an invoice based on the number g. One-year coverage begins on the latter of Jan. 1 staff.	of employees you or the date your division;
with a state educational ins Police officers and firefight Police officers employed b Firefighters who work for a *accredited by the North Cent ** under IC 8-22-3-34(b)	stitution; ers* who work for non-s y an operator**, and i public use airport that i	state post-secondary educational institutions; maintains a fire department.	
required to cover new positions. Ple		are required to cover his or her position. If new starou are replacing or adding new officers to your staff covered:	
NAME OF COVERED	NDIVIDUAL	POSITION	

NAME OF COVERED INDIVIDUAL	POSITION